

Wisconsin Department of Public Instruction SUMMER FOOD SERVICE PROGRAM PARENT REIMBURSEMENT CLAIM

s. 225.12, Wisconsin Statutes PI-1494 (Rev. 01-13)

Questions regarding this data collection can be directed to Amy Kolano at (608) 266-7124.

INSTRUCTIONS: Complete two copies. Retain one copy for your files. Submit original by the 10th day of the month following the month covered by the claim to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION FEDERAL AIDS AND AUDIT SECTION P.O. BOX 7841 MADISON, WI 53707-7841

FAX: 608-267-9207

I. GENERAL INFORMATION								II. CERTIFICATION							
Agency Code	Name of Sponsoring Agency					Telepho	one <i>Area/No</i>	D.	I CERTIFY THAT, to the best of my knowledge, this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreements and that payment therefore has not been received. I understand that the information on this claim is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.						
Is this the Final Claim?		ciaim.			☐ May	 June	July	Aug.	Sept.	Signature of Authorized Representative or Person Designated to sign in the approved SFSP Application (PI-1482)					
☐ No		Number of days of service in each month for this claim:								Date Signed Mo./Day/Yr.					lo./Day/Yr.
III. PARTICIPATION BY TYPE OF SITE (non-camps only)															
							Number of Meals Served to Eligible Children								
-	1.	2. 3.			4. Breakfasts					5. ches		6. Suppers		7. Supplements	
Type of Site	Number of Sites		Days of Service	AD	ADA 1		s 2 nd Meals		1 st	Meals	2 nd Meals	1 st Meals	2 nd Meals	1 st Meals	2 nd Meals
1. NYSP															
	1.	2. 3. B		4. reakfasts			5. Lunches		6. Suppers		7. Supplements				
Type of Site	Number of Sites		Days of Service	AD	Α -	1 st Meals	2 nd Meals		1 st	Meals	2 nd Meals	1 st Meals	2 nd Meals	1 st Meals	2 nd Meals
2. All Other (non-camps)															

Page 2 PI-1494

IV. PARTICIPATION BY TYPE OF SITE (camps only)

(camps only)												
Camp Sit	e Code <i>Enter</i>	4-digit code)					Number of Me	Meals Served to All Children			
					Enrol	5. Iment Information	6. Breakfasts	7. Lunches	8. Suppers	9. Supplements		
Session Number	1. Beginning Date	2. Ending Date	3. Total Days of Service	4. ADA	Total Children	Needy Children	Children	Children	Children	Children	For DPI Use	
1						riocay ormanon						
2												
3												
4												
5												
6											<u> </u>	
7												
8												
9												